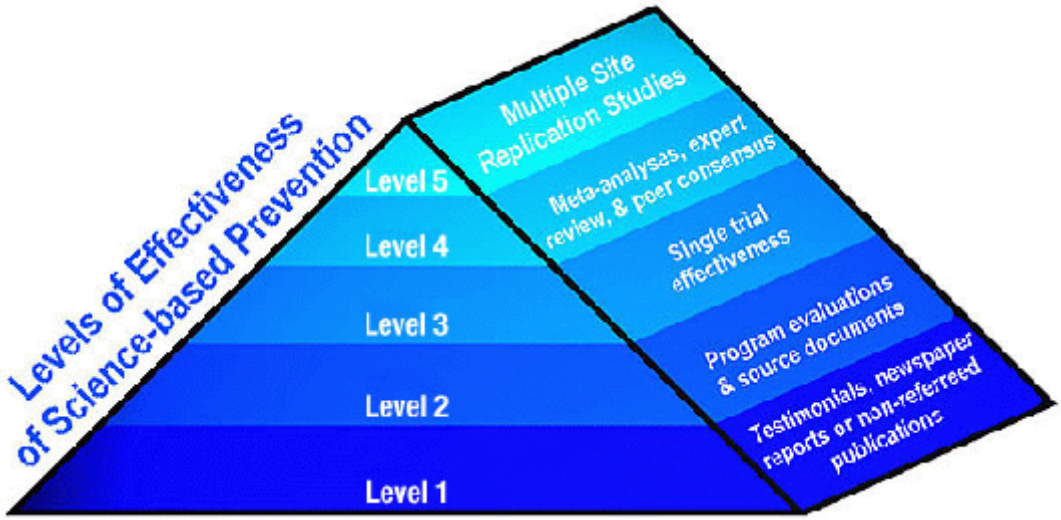
Levels of Effectiveness



Level 5 Multiple Site Replication Studies

Prevention programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors that have been successfully replicated in several settings, preferably across multiple target populations with consideration for age, gender, race/ethnicity, and geographic context. These processes or programs must be evaluated using scientific methods that include a pre and post test to show positive results. Program replication requires high levels of fidelity within the context of the new settings. These results must be published in more than one scientific, peer reviewed, academic journal. (Examples: Botvin et al., 1995; Pentz, et al., 1989)

Level 4 Meta-analyses, Expert Review, and Peer Consensus

A number of methods have been used to synthesize prevention research and evaluation reports and scientific publications. This process may include a meta-analysis, consensus, and expert review panels. These techniques may be part of a meta-analysis whereby various program evaluations (Ennet et al., 1994) and/or components of programs (Tobler & Stratton, 1997) that are analyzed for program effectiveness. Another way to determine the effectiveness of various prevention strategies is often done by convening professional prevention organizations or groups of prevention "experts" who review and rate programs, principles, and policies for effectiveness. Both of these strategies typically use refereed publications, dissertations, evaluation reports, and source documents. (Examples: U.S Department of Health & Human Services, 1996; Drug Strategies, 1997; Tobler & Stratton, 1997)

Level 3 Single Trial Effectiveness

Programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors that have been reported in a single population or in only one setting. These programs, principles, or policies use scientific methods that must include pre and post test with either a comparison or control group to assess impact and must show some overall positive results. The results must be published in at least one scientific, peer reviewed, academic journal. (Examples: Perry et al., 1997)

Level 2 Program Evaluations and Source Documents

Programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors for which positive outcomes have been documented in written form (e.g. conference or workshop report, internal report, published non-academic article or newsletter, etc.). These prevention approaches should be evaluated using methods such as pre/post designs, qualitative analyses, cohort evaluation, or some type of comparison of participants outcome norms to local or state averages. Qualitative data reporting client satisfaction, program implementation, participants' perceptions of program benefits may have also been used to determine and document program effects. These programs may be published in refereed or non-refereed publications or professional publications.

Level 1 Testimonials, Newspaper Reports, or Non-refereed Publications

Reports programs, principles and policies designed to directly affect youth perceptions of drug and alcohol use, age of first ATOD use, frequency of ATOD use and abuse, or related risk or protective factors for which there is only anecdotal evidence of positive results in the form of participant testimonials, quotes, or media coverage. This anecdotal evidence is frequently reported in non-refereed publications, newspapers, professional newsletters or commercial advertising with little or no systematic evaluation or empirical support. These types of initiatives are not considered research-based.

Research-based Prevention: A Pyramid for Effectiveness Developed by Peter Mulhall, Ph.D & Carol Hays, Ph.D. Center for Prevention Research and Development Institute of Government and Public Affairs University of Illinois

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